



PATENT

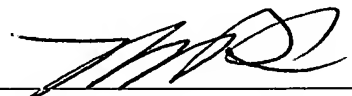
Case Docket No. LEELE82.001C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : KIM, *et al.*  
Appl. No. : 10/618,447  
Filed : July 10, 2003  
For : COLLAGEN-BASED  
BIOMATERIAL FOR TISSUE  
REPAIR  
Examiner : Unknown  
Group Art Unit : 3738

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

3/2/04  
(Date)

  
Mincheol Kim, Reg. No. 51,306

TRANSMITTAL LETTER


Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

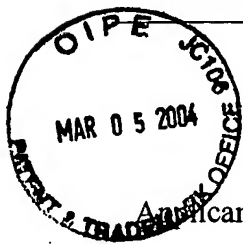
Dear Sir:

Enclosed for filing in the above-identified application are:

- (X) An Information Disclosure Statement.
- (X) A PTO Form 1449 with two (2) references.
- (X) Return prepaid postcard.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.

  
Mincheol Kim  
Registration No. 51,306  
Agent of Record  
Customer No. 20,995  
(619) 235-8550



## INFORMATION DISCLOSURE STATEMENT

Applicants : Kim, et al.  
App. No. : 10/618,447  
Filed : July 10, 2003  
For : COLLAGEN-BASED BIOMATERIAL  
FOR TISSUE REPAIR  
Examiner : UNKNOWN  
Group Art Unit : 3738

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed is form PTO-1449 listing two references that are also enclosed.

This Information Disclosure Statement is being filed before the receipt of a first Office Action on the merits, and presumably no fee is required in accordance with 37 C.F.R. § 1.97(b)(3). If a first Office Action on the merits was mailed before the mailing date of this Statement, the Commissioner is authorized to charge the fee set forth in 37 C.F.R. § 1.17(p) to Deposit Account No. 11-1410.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: 3/2/04

By: 

Mincheol Kim  
Registration No. 51,306  
Agent of Record  
Customer No. 20,995  
(619) 235-8550

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE (IF APPROPRIATE)

[illegible]

EXAMINER	DATE CONSIDERED
<p><b>*EXAMINER:</b> INITIAL IF CITATION CONSIDERED, WHETHER OR NOT CITATION IS IN CONFORMANCE WITH MPEP 609; DRAW LINE THROUGH CITATION IF NOT IN CONFORMANCE AND NOT CONSIDERED, INCLUDE COPY OF THIS FORM WITH NEXT COMMUNICATION TO APPLICANT.</p>	